

**NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services**  
**CPS/WF/SA INITIATIVE REPORTING FORM: SFY '03-04**

LME/Area Program: \_\_\_\_\_ County: \_\_\_\_\_  
 Name of LME Staff Coordinating Initiative \_\_\_\_\_ Phone #: \_\_\_\_\_  
 CPS/WF/SA QSAP: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Signature of LME Staff Submitting Report: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

**PART ONE: WORKFIRST**

<b>Section I: DSS SCREENINGS FOR SUBSTANCE ABUSE</b>	Month:	Month:	Month:
a) Number screened by DSS			
b) Number referred for assessment			
c) Number receiving assessment			
d) Number referred to treatment			
e) Number admitted to treatment			

<b>Section II: QSAP SCREENINGS FOR SUBSTANCE ABUSE</b>	Month:	Month:	Month:
a) Number screened			
b) Number referred for assessment			
c) Number receiving assessment			
d) Number referred to treatment			
e) Number admitted to treatment			

<b>Section III: DSS SCREENINGS FOR MENTAL HEALTH</b>	Month:	Month:	Month:
a) Number screened by DSS			
b) Number referred for assessment			
c) Number receiving assessment			
d) Number referred to treatment			
e) Number admitted to treatment			

<b>Section IV: QSAP SCREENINGS FOR MENTAL HEALTH</b>	Month:	Month:	Month:
a) Number screened			
b) Number referred for assessment			
c) Number receiving assessment			
d) Number referred to treatment			
e) Number admitted to treatment			

<b>Section V: SUBSTANCE ABUSE BEHAVIORAL CHECKLIST II REFERRALS</b>	Month:	Month:	Month:
a) Number of SA clients referred for assessment due to SA Behavioral Indicator Checklist			
b) Number receiving SA assessment			
c) Number referred to SA treatment			
d) Number admitted to SA treatment			

<b>Section VI: OTHER REFERRAL SOURCES</b>	Month:	Month:	Month:
a) Number referred to QSAP by DSS due to current SA treatment involvement			
b) Number referred to QSAP by other treatment providers due to current SA treatment involvement			
c) Number referred to QSAP by DSS due to current MH treatment			

involvement			
d) Number referred to QSAP by other treatment providers due to current MH treatment involvement			

<b>Section VII: CLASS H OR I CONTROLLED SUBSTANCE FELONS</b>	Month:	Month:	Month:
a) Number referred for SA assessment			
b) Number receiving SA assessment			
c) Number referred to SA treatment			
d) Number admitted to SA treatment			
e) Number screened by QSAP for MH			
f) Number referred for assessment for MH			
g) Number receiving MH assessment			
h) Number referred to MH treatment			
i) Number admitted to MH treatment			

<b>Section VIII: SA ASSESSMENTS OF NON-CUSTODIAL PARENTS AND ALL FAMILIES AT OR BELOW 200% OF FEDERAL POVERTY LEVEL</b>	Month:	Month:	Month:
a) Number referred for SA assessment			
b) Number receiving SA assessment			
c) Number referred to SA treatment			
d) Number admitted to SA treatment			

<b>Section IX: MH ASSESSMENTS OF NON-CUSTODIAL PARENTS AND ALL FAMILIES AT OR BELOW 200% OF FEDERAL POVERTY LEVEL</b>	Month:	Month:	Month:
a) Number referred for MH screening			
b) Number referred for MH assessment			
c) Number receiving MH assessment			
d) Number referred to MH treatment			
e) Number admitted to MH treatment			

<b>Section X: TOXICOLOGY RESULTS</b>	Month:	Month:	Month:
a) Number negative results			
b) Number positive results			
c) Number of Work First clients active in treatment			

<b>Section XI: OTHER REFERRAL INFORMATION</b>	Month:	Month:	Month:
a) Number of <u>new</u> individuals receiving treatment and employed or participating in a DSS approved work activity (report only one time)			

## **PART TWO: CPS**

<b>Section XII: CPS REFERRALS FOR SUBSTANCE ABUSE</b>	Month:	Month:	Month:
a) Number referred for assessment			
b) Number receiving assessment			
c) Number referred to treatment			
d) Number admitted to treatment			
e) Number refused treatment referral *			
f) Number accepted referral but were not admitted to treatment*			
g) Number of individuals who enter treatment and leave before			

completion			
h) Number of individuals completing treatment episode			

<b>Section XIII: CHILD CUSTODY</b>	Month:	Month:	Month:
a) Number of families who maintained custody of child/ren while receiving treatment			
b) Number of families who lost custody of child/ren while receiving treatment			
c) Number of families who regained custody of child/ren while receiving treatment			

<b>Section XIV: INDIVIDUALS NOT ENGAGED IN TREATMENT</b>	Month:	Month:	Month:
a) Number of families where CPS initiates court involvement but children remain in the home			
b) Number of families who lost custody of their children			

### **Instructions for Completing the CPS/WF/SA Initiative Reporting Forms**

- Please be sure to include the name of the LME/area program, county reporting on, and signature of person completing form and phone number for person completing form.
- Please complete a separate reporting form for each county served.
- Please note: For the reporting form to be considered complete a number must be entered in each cell.
- Please note: The month and year (i.e. July, Aug, Sept.) should be placed in the shaded area provided above the reporting columns.
- Please make copies of the CPS/Work First/Substance Abuse Reporting Form for submission of future reports.
- Please make a copy of the completed form for your own records.
- Please mail the completed forms by April 20<sup>th</sup> 2004, July 20<sup>th</sup> 2004 and October 20<sup>th</sup> 2004, to: Smith Worth, Division of MH/DD/SAS, 3007 Mail Service Center, Raleigh, NC 27699-3007.

### **PART ONE: WORK FIRST**

**Section I: DSS Screenings for Substance Abuse.** This section refers to screenings of applicants and recipients for substance abuse risk completed by DSS staff only.

**Section II: QSAP Screenings For Substance Abuse.** This section refers to SA screenings of applicants and recipients completed by the QSAP only per month.

**Section III: DSS Screenings For Mental Health.** This section refers to screenings of applicants and recipients for mental health completed by DSS staff only.

**Section IV: QSAP Screenings For Mental Health.** This section refers to MH screenings of applicants and recipients completed by the QSAP only per month.

**Section V: Substance Abuse Behavioral Checklist II Referrals.** This section refers to any individual referred for assessment as a result of identification of a behavior described on the Substance Abuse Behavioral Checklist per month.

**Section VI: Other Referral Sources.** This section refers to clients referred to the QSAP for current MH and SA treatment involvement. Section VI a) and c) are relevant when an individual informs the DSS worker that they are already participating in substance abuse treatment or mental health treatment. There is no need for a screening to be conducted in these cases. Section VI b) and d) refers to other treatment providers who may inform the QSAP of a Work Firsts client's involvement in treatment and the client's wish to avail herself of QSAP services. NOTE: the treatment provider should only be informing the QSAP about the client with the client's informed and written consent. ALSO the QSAP should only inform DSS about the client with the client's informed and written consent.

**Section VII: Class H or I Controlled Substance Felons.** This section refers to Class H or I Controlled Substance Felons assessed by the WF/SA QSAP per month. This number should not be included in the data requested in Section I or II. This is due to the fact that Class H or I Controlled Substance Felons should not be screened, if identified as such, during application or review, because they are automatically referred for assessment. Class H or I Controlled Substance Abuse Felons should only be referred for assessment for substance abuse, not mental health concerns. The QSAP may offer, on a voluntary basis, mental health screening to the client and, if appropriate, either assess or refer for assessment for mental health concerns.

**Section VIII: SA Assessments of Non-Custodial Parents and All Families at or Below 200% of Federal Poverty Level.** This section refers to non-custodial parents and all families at or below 200% of federal poverty guidelines who are referred for assessment for substance abuse and have been voluntarily screened by either the QSAP or DSS for substance abuse risk factors. Note: at this time screening, assessment and compliance with treatment recommendations for these populations are voluntary. If the local DSS has determined they will not serve this population in their county the QSAP will not provide services and this section should be completed by stating it is "not applicable".

**Section IX: MH Assessments of Non-Custodial Parents and All Families at or Below 200% of Federal Poverty Level.** This section refers to non-custodial parents and all families at or below 200% of federal poverty guidelines who are referred for assessment for mental health and have been voluntarily screened by either the QSAP or DSS for mental health risk factors. Note: at this time screening, assessment and compliance with treatment recommendations for these populations are voluntary. If the local DSS has determined they will not serve this population in their county the QSAP will not provide services and this section should be completed by stating it is "not applicable".

**Section X: Toxicology Results.** Section X a) and b) should reflect the total number of positive and negative toxicology results for all Work First participants engaged in treatment per month. Section X c) should reflect all clients who are active in treatment per month. All active clients should be participating in random toxicology screens at least 2 times a month. If this is not reflected in these numbers please explain the discrepancy on the form.

**Section XI: Other Referral Information**

- a) This number should reflect the number of individuals per month who begin participating in substance abuse treatment and are working or are participating in a DSS approved work activity. Report the individual only one time when first entering treatment.

**PART TWO: CPS**

**Instructions**

**Section XII: CPS Referrals for Substance Abuse.** Complete the referral information for this month for substance abuse assessments from Child Protective Services. \*When E, F, or G is completed please be sure to complete Section XIV, if appropriate.

**Section XIII: Child Custody.** These numbers should reflect the number of clients this month that are engaged in treatment and either lose or regain custody of a child or children.

**Section XIV: Individuals Not Engaged In Treatment**

These numbers should reflect the number of families who are not engaged in treatment and a) CPS initiates court involvement to encourage the clients to participate in treatment or b) CPS initiates the removal of custody from the parent/caretaker.